

Town of Boxford
Office of Town Administrator
7A Spofford Road
Boxford, MA 01921

EMPLOYEE REQUEST
Family and Medical Leave Act

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as possible and generally must comply with normal call-in procedures.

Employee Name: _____

Department: _____ Date of Hire: _____

Reason for Requested Leave (certification and/or documentation may be required)

- ☐ Birth of your child and the care of such newborn child Expected Delivery Date: _____
- ☐ Placement of a child with you for adoption or foster care Date of Placement: _____
- ☐ Your own serious health condition (including pregnancy and prenatal care)
- ☐ A serious health condition affecting your spouse _____ parent _____ or child _____
- ☐ Qualifying exigency (necessity to address personal issues) due to the military active duty status or call to active duty status of a spouse _____ son/daughter _____ parent _____
- ☐ You are caring for a spouse _____ son/daughter _____ parent _____ next of kin who is a _____ covered service member with a serious injury or illness obtained in the line of duty.

Type of Leave Requested: _____ Continuous _____ Intermittent _____ Reduced Hours

Would you like to take the leave _____ Concurrently with *sick/vacation/other leave or _____ as unpaid FMLA?

***Sick leave may only be used for illness of the employee (not a family member) unless otherwise indicated in the employee's CBA. You must use previously accrued sick, vacation, or other leave available to take FML concurrently with these types of leave.**

Anticipated start date: _____ Anticipated return to work: _____

Please describe the intermittent, flexible, or reduced work schedule request in detail and/or describe any workplace accommodations requested. If you meet the work requirements to be eligible for FMLA, you may be required to provide medical or qualifying exigency certification.

I have reviewed this document and verified that the information provided or attached is correct. I have read and understand the FMLA policy.

Employee Signature: _____ Date: _____

Please submit your request to the Office of Director of Municipal Finance at Town Hall .